

____ PUBLIC HOUSING
____ SECTION 8

BELOIT COMMUNITY DEVELOPMENT AUTHORITY
220 PORTLAND AVENUE
BELOIT, WI 53511
(608) 364-8740

BDRM
SIZE

Reviewed by _____ Date _____
REC'D _____ TIME _____
Elig _____ Inelig _____
Pref# _____ Verif _____
Appl. Taken by _____

****NOTE: USE LEGAL NAMES ONLY**

Head Of Household	MI	Sex	S.S.#	Birthplace	Birthdate	Monthly Income	Source of Income
							Is either Head or Co-Head Disabled? <u>Y</u> <u>N</u>

Race: _____ White _____ Black _____ American Indian or Alaskan Native _____ Asian or Pacific Islander	ETHNICITY: _____ Hispanic _____ Non-Hispanic
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Other Adults (Last/First/MI)	Sex	Race	Ethn.	Relationship To Head	S.S.#	Birthplace	Birthdate	Monthly Income	Source of Income
			H N						
			H N						
			H N						

Minors (Last/First/MI)	Sex	Race	Ethn.	Relationship To Head	S.S.#	Birthplace	Birthdate	Age	School	Monthly Income	Source of Income
			H N								
			H N								
			H N								
			H N								
			H N								
			H N								

Enter your present street address: _____ How Long? _____ Phone _____
(street) (city) (county) (state/zip)

Enter your present mailing address: _____ Rent Amt. \$ _____ Util Est. \$ _____
(PO Box # or street) (city) (county) (state/zip)

NOTICE: YOU ARE REQUIRED TO NOTIFY THE BELOIT COMMUNITY DEVELOPMENT AUTHORITY (IN WRITING) WITHIN 10 DAYS OF CHANGE OF ADDRESS, FAMILY INCOME OR SIZE. IF WE CANNOT CONTACT YOU AT THE ABOVE ADDRESS, YOUR NAME WILL BE REMOVED FROM THE WAITING LIST, AND YOU WILL HAVE TO REAPPLY.

Priority Preferences:

- ____ 1. Paying more than 50% of monthly income toward rent
for a period of 90 days or more
____ 2. Living in substandard housing
____ 3. Involuntarily displaced

Local Preferences:

- ____ 1. City of Beloit resident
____ 2. Honorably discharged U.S. veteran
____ 3. Special Housing needs for handicap or disability

Do you claim any of the following?

- ____ 1. Mobility Impairment
____ 2. Hearing Impairment
____ 3. Sight Impairment

List **ALL** assets of your household: Savings Acct \$ _____ Checking Acct \$ _____ Real Estate \$ _____ Other Assets \$ _____

DO YOU OWE ANY MONEY TO ANY HOUSING AUTHORITY, INCLUDING BELOIT COMMUNITY DEVELOPMENT AUTHORITY? ____ Yes ____ No

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ____ Yes ____ No MAIDEN NAME OR ANY OTHER LAST NAMES USED BY HEAD OR CO-HEAD: _____

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE _____
Signature Date

[illegible]